

**EXHIBIT 1: PROOF OF CLAIM NO. 2730**

4832-3607-6068.1

16:56:08 Page 2 of 21  
lawyer. So I had to  
do this myself.

Proof of Claim attachment:

p. 1/5

\* Addition to this is a medicare lein.

Gretchen Smith  
Case: 12-008804

This is a list of:

-(2/20/2014)

amounts of medical bills as a result of the bus accident on 7/1/2011.  
The bus I was a passenger on rear ended a car. I was injured,

Service Date: note

amount

*because of injuries and denied rightful benefits, I have no recourse	11/13/11	Aprila	8.86
		Det Receiving	59.40
	2/9/12		42.21
	10/27/11	Dr. Reynolds Assoc. PC	14.60
	11/3/11	Karmanos <sup>OR Services</sup> clinical lab	102.85
	11/29/11	DMC Harper Univer H.	1138.86
( to	—	UNIV INT MED SPEC/AFIN	23.99
copy the bills.	(4/27/13 -	Dr. migdal, Dr. Ahmed	54.77
	8/2/13) 8/27/13	medc pym	177.02
	12/11/02/13 - 11/21/13	Dr. R. Klein	177.08
	11/2/25/13	Harper/Hut Care	72.72
	1/22/13 - 2/15/13	mendelson Kornblum	
	<del>10/2/13</del>	<del>previous bal Dr. R. Klein</del>	<del>3615.00</del> ↑
	10/2/13	prev bal Dr. R. Klein	154.69
	(8/9/11 -	Dr. Gorrepati, MD	42.98
	10/26/11)		
	(10/26/11 -	Dr. Gorrepati	42.98
	11/21/11)		
	(11/21/11 -	Dr. Gorrepati	42.98
	1/25/12)		
	(1/10/12 -	Dr. Gorrepati	42.98
	2/24/12)		

Exhibit A

continue Proof of claim:  
DOI: 7/1/2011.

Gretchen Smith p. 45  
Case: 12-008804

	<u>Service Date:</u>	<u>note</u>	(2/20/2014) <u>amount</u>
*	(3/21/12 -		
	8/3/12)	Dr. Gorrepati	\$ 42.98
	(8/3/12 -	Dr. Gorrepati	42.98
	11/20/12	<del>Dr. t</del>	<del>42.98</del>
	(11/20/12 -	Dr. Gorrepati	42.98
	1/23/13)		
	(6/27/13 -	Dr. migdal	\$ 22.39
	7/15/13)		
	(9/28/12)	Harper/Hut	\$ 192.68
	(2/25/13)	Harper/Univ Hos	72.72
Dup	(9/1/13)	Dr. R. Klein <sup>bal</sup> <sub>prev</sub>	<u>154.69</u>
	(9/28/12)	Lesion Removal Col	68.27
	(Had accident not occurred, I would not have developed this - due to medicines)		
	Duplicate	Dr. Gorrepati	<u>42.98</u>

I must conclude with this:

The injuries I experienced as a direct result of the DOI 7/1/2011 bus accident (I was a Passenger), are as follows: neck, mid back, lowr back, head, eyes, jaw, hands, kness, shoulders, abdominal, shift resulting in spinal shift, respritory, kidney and heart failure,

heart failure

[could have been Hospital negligence by Dr. Seemon Karmans] <sup>being</sup> still researching

Gretchen Smith

(2/20/2014)

\* An estimate of medical expenses to date are approximately \$50,000, I don't know if this estimate comes from all past or/and includes the present and future medical as a result, It is my conclusion that the city of Detroit Law department did it's investigation by telephone without medicare law. ~~The~~ The law I'm told is any denial of benefits must be in writing and give a reason why medical ~~expenses~~ are denied. This was not done by the City of Detroit. The city of Detroit intentionally shucked it's responsibilities and thwarted any and all my efforts to survive this. I am claiming any and all benefits I have a right to. This is so far my research. Lifetime injury related medical

MSPRC

186,620  
14,400  
201,020

(Unknown amount)

Pain and Suffering \$120,000 or more,  
(Life) Care Providing: current \$201,020 (Replacement and services)  
Lost Wages: \$210,000 to date

32-8=24  
x 600  
14,400

Medical Expense: \$50,000 plus future.

186,620 (6020 x 31) Transportation: 254 x 2 = x 8 = 16,256

proof of claim attachment continued:

Case: 12-008804 p.4/5

P/S  $\$120,000$  or more (Jury trial requested)  
Care Providing/Replacement Serv.  $\$261,020$   
plus lifetime

Lost wages:  $\$210,000$  to date lifetime 21  
years  $90,000 \times 18 = \$1,620,000$

estimated  
retirement  
age 72.

AND retirement for such, I don't know  
calculation, I am still researching. I claim  
28 years @  $\$60,000 = \$1,680,000$

Life  
expectancy,  
is 100,  
runs in  
genes.

House / orlans PC  $\$50,000$

I am not physically nor financially able to  
do copies - see attached: Attn./clint breakdown.

Proof: over 50 police reports of  
incidents caused by abusive and  
criminal litigation tactics.

(Criminal) Dr. Robert Pizzimenti, Tom Cerskowski,  
Kalvin Lenton (abusive - (Criminal)  
possibly criminal)

PPO Court order: Annette Thompson

Total Estimates: House  $\$50,000$

Retirement:  $\$1,680,000$  Detroit Public

DOI: Lost wages  $\$1,620,000$  DOI: 7/1/2011 Schools

Pain/Suff:  $\$1,500,000$

Medical expense:  $\$800,000$

Transportation:  $\$294,000$

Care providing/RS:  $\$3,500,000$

Permanent injury causing quality of life:  $\$5,000,000$   
or more. I am seeking counsel.

(2/20/2014)  
 Property (Orlan PC) <sup>8</sup> 50,000  
 (DOI 7/1/2011) Lost Wages ~~1,686,000~~ 1,620,000  
 Pain/Suff 1,500,000  
 medical exp <sup>3</sup> 800,000  
 Transportation 294,000  
 Careproviding/RS 3,500,000  
 Permanent injury 5,000,000  
 (DOI: 11/21/2013) estimate: 9,000,000 Right arm  
 Retirement 1,680,000 dominant.

total: 23,444,000

Give or take according to correct  
 and lawful claim guidelines.

My claim is: <sup>6</sup> 25,000,000  
 with interest. 25 million dollars

I feel there is an accountability effort  
 that must be made on my ~~behalf~~ behalf.

Even if I have to make it myself at  
 this time.

Sincerely,

Gretchen R. Smith

Gretchen R. Smith

3901 Grand River Ave #913

Detroit, Mich. 48208

(313) 575-5444 cell

LAW OFFICES OF  
**ANDREOPOULOS & HILL, PLLC**

Attorneys & Counselors

L. LOUIS ANDREOPOULOS  
DAVID T. HILL  
TODD RUTLEDGE  
EVAN PAPPAS  
BRIAN WAGNER

28900 Woodward Avenue  
Royal Oak, MI 48067

TELEPHONE: (248) 399-9991  
FACSIMILE: 248-399-9996  
E-MAIL: andhilllaw@sbcglobal.net

SUPPORT STAFF

FANCY YALDO  
AMANDA ARAFAT  
SALLYKAYE RAHN  
JULIE PALM  
SARA FREER  
KYLE BRYANT

January 31, 2014

Ms. Gretchen Smith

RE: Gretchen Smith vs. City of Detroit

Dear Ms. Smith:

Let this letter serve to confirm our meeting this afternoon regarding our relationship. Specifically at that time, we mutually agreed to sever our relationship as attorney-client. I advised you and you understood that you should seek other counsel immediately in order to protect your rights.

**Further, I advised you that a proof of claim filing deadline with the bankruptcy court is February 21, 2014 by which date you must file said claim to be received by the bankruptcy court or you may forever lose your rights.**

At the time of our meeting, I gave you a copy of the above indicated proof of claim form, and instruction booklet, your case evaluation award, case evaluation summary, and voluminous medical records contained in your file. We arraigned for you to pick up the remainder of your file which will be copied and available for you on February 7, 2014 at 12:00 p.m.

Sincerely,

  
L. Louie Andreopoulos

**Acknowledgement**

I, Gretchen Smith, on January 31, 2014 acknowledge the above and understand that the firm, Andreopoulos & Hill no longer represents me and will be taking no further action on my behalf. I acknowledge and understand that I should seek new counsel immediately to protect my legal rights.


  
Gretchen Smith

Exhibit P



**DMC**  
**Rehabilitation Institute**  
**of Michigan**  
Outpatient Physician Clinic  
261 Mack Blvd. Detroit, MI 48201-2417  
Phone 313-745-4600 Fax 313-745-1165

Date 11/15/13

Patient \_\_\_\_\_

FIN: 480000422356 PTID: 40010025  
SMITH, GRETCHEN DOS: 11/15/13  
BD: 12/10/1959 MRN: xxxxx0024  
ATTN: AHMED, SYED MOZREI

DX: Cervical facet pain, C4-C5, C5-C6



Case Management Services

Replacement Services

Transportation to Medical Appointments

Attendant Care

No

Yes

☐

☒

☐

☒

☐

☒

☐

☒

Hrs per day X 12 Weeks

May return to work

☒

☐

From

11/15/13

To

2/28/14

Comment: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

revised - mm 11/10

Groundspire Ins. - says  
D Ins. / call Ill, Mich  
won't take claim - delete

11/27/13 trip N fall  
on city sidewalk @ 19550  
W. Warren on N side of  
street in driveway, hole  
about 8" x 8" - I will  
recheck - inj. neck & back,  
both hands, knees, shoulders,  
chest, radial shaft fracture  
(R), (L) patella sprain

DMC - Sinai - x-rays,  
consultation, then forced  
me to IV without back brace  
front brace. assault, bruises.

Exhibit 6



**KELVIN R. LENTON-LEGAL INVESTIGATOR**  
CITY OF DETROIT-LAW DEPARTMENT  
CAYMC  
2 WOODWARD AVENUE  
SUITE-500  
DETROIT, MICHIGAN 48226  
PHONE: (313) 237-0430  
FAX: (313) 224-5505

TO: GRETCHEN SMITH  
FROM: KELVIN LENTON-Legal Investigator, City of Detroit Law Department.  
DATE: 1/17/2014 **CLAIMANT: GRETCHEN SMITH**  
RE: REQUEST FOR ADDITIONAL INFORMATION AND/OR  
DOCUMENTATION.

Please submit the following documents and/or information to assist our office in the processing of your claim. You have 30 days to submit the following information to our office or your file will be closed.

1. IRS w-9 forms for the attached individuals.

Additional information may be required once processing of your claim begins. Please respond by fax at (313) 224-5505, or Phone (313) 237-0430.

*Kelvin Lenton*

Legal Investigator

*Exhibit H*

Exhibit

File



KELVIN R. LENTON-LEGAL INVESTIGATOR  
CITY OF DETROIT-LAW DEPARTMENT  
CAYMC  
2 WOODWARD AVENUE  
SUITE-500  
DETROIT, MICHIGAN 48226  
PHONE: (313) 237-0430  
FAX: (313) 224-5505

**FACSIMILE TRANSMITTAL**  
**NOTICE REGARDING CLAIM STATUS**

TO: ATTY: ANREOPOULOS ATTN: BRIAN WAGNER

FROM: KELVIN R. LENTON-LEGAL INVESTIGATOR  
CITY OF DETROIT-LAW DEPARTMENT

DATE: FEBRUARY 06, 2013

FAX No: 248-399-9996

Phone: 248-399-9991

PAGES: 10

RE:

Claimant: GRETCHEN SMITH, A32950.002623

DOI: 5/10/2011

**You are herein being placed on notice :**

Please be advised that your request for Attendant Care PIP benefits for the above claimant requires further clarification and /or documentation. In order for us to process your request we require that the following items be provided to our office:

1. Certificate of Disability from claimant's treating physician for the time period(s) for which you are seeking Attendant Care benefits.
2. INTERNAL REVENUE SERVICE FORM-W9. FOR ALL THE CARE PROVIDERS LISTED ON YOUR REQUEST FOR ATTENDANT CARE; (DAINA WOLNER, MARSHALL SYMONS, NANCY WILSON, RICARDO TREVINO, MARSHAL SYMONS, JEFF DEBRYUM, BOB CHAPMAN, JOHNNY COLOSEMO, LEONARD ASHLEY, PAUL JARVIS, CLINTON OTIS, DENISE DOTSON, MONA WILLIAMS, MIKE CARNEY, STEVE SABBOLA, TAMMI HANKINS, MR. & MRS. REEVES, RON DALE).

• City of Detroit Law Department.

G:\DOCS\CLAIMS\lentka34000.form\KRL1110.WPD

Exhibit I

## Notification of the Results of Case Evaluation

Stayed

TITLE	CONSOL.	CASE NUMBER
Smith, Gretchin v CITY OF DETROIT , et al.	NO	12-008804 NI
PLEASE APPEAR AT THE SETTLEMENT CONFERENCE OF JUDGE WENDY BAXTER ON AUGUST 26, 2013 AT 2:00 PM. FAILURE TO APPEAR AT THE SETTLEMENT CONFERENCE MAY RESULT IN DISMISSAL OF THIS CASE.		

TO: [ David Hill  
28900 Woodward Ave.  
Royal Oak, MI 48067  
[

ATTORNEY COPY

AWARD RESULTS SUMMARY

Award Information			Parties Involved		Result
#	AMOUNT	STATUS	FOR	AGAINST	
1	\$75,000.00	Unanimous	1	vs. 4	Rejected
\$42,000 PIP CASE / \$32,500 3RD PARTY					

ATTORNEY / PARTY AWARD RESPONSES

Party Information		Attorney Information
TYPE	# NAME	BAR # / NAME / PHONE #
P	1 Smith Gretchin	P48771 : David Hill : (248) 399-9991
	REJECTS (NO RESPONSE) AWARD #1	
D	4 CITY OF DETROIT	P47787 : Robyn Brooks : (313) 237-3049
	REJECTS (NO RESPONSE) AWARD #1	

PARTIES NOT EVALUATED

Party Information		Attorney Information	
TYPE	# NAME	BAR # / NAME / PHONE #	
D	2 Owens Melvina Rosalind	P08888 : No Attorney Required	
D	3 Hill Laverne Renee	P08888 : No Attorney Required	

Exhibit 5

# WARREN CHIROPRACTIC & REHAB CLINIC P.C.

19201 W. Warren  
Detroit, MI. 48228

Office (313) 240-7950

Fax (313) 240-7970

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5-3-13

Re: Gretchen Smith

Ms. Smith has been disabled since her car accident on 07-01-11. Her injuries are the Neck, Mid, and Low Back. Her diagnosis are multiple herniated disc, multiple Subluxation, sciatica, and sever muscle spasm. Her injuries are permanent and disabling. They severely limit her ability to stand, sit, or walk for long periods of time.

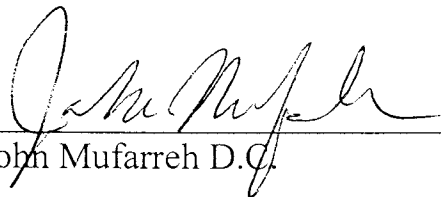
  
Dr. John Mufarreh D.C.

Exhibit K



# COB CONTRACTG.. INFORMATION

Please review the information in the column titled "What CMS Says You Have". If this information is not correct, please write the correct information in the column titled "Corrections".

Other Insurance Instance 1: GRETCHEN SMITH - 906541444\*01

Information provided by COB Contractor	Definition	What CMS Says You Have	Corrections
Insurance Company Name	Name of Insurance company	CITY OF DETRIOT LAW DAPT CLAIMS	
Member Identification Number Ending In	Last 4 digits of the member number of your Plan	XXXXXXXXXX2623	
Group Policy Number	Your group number of your Plan		
Effective Date	MM/DD/YYYY	02/01/2012	
Termination Date	MM/DD/YYYY		

I never had this coverage

Signature

Date

Exhibit 1

Authority: 1949 PA 300, Sec. 257.622  
Compliance: Required MSP UD-10  
Penalty: \$100 and/or 90 days (Rev 1/04)

Do Not Use

Page	1	Of	2
Incident #	1489-11		
File Class	9300		
Incident Disposition	Open	Closed	Reviewer

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI-8247100	Department Name	HIGHLAND PK POLICE
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Crash Date Month: 06, Day: 31, Year: 2011	Crash Time Hour: 04, Minute: 37	No. of Units 02	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input checked="" type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Local <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County: 82	Traffic Control <input type="radio"/> None of These <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Light (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy	Area: 00, Total Lanes: 7
Construction Zone (if applicable) (Mark One from Each Group) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input checked="" type="radio"/> No Activity: <input checked="" type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None			Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy	Road Type: AVE	Speed Limit: 30, Posted: Yes

Prefix: ND	Road Name: WOODWARD	Divided Roadway: <input checked="" type="radio"/> S <input checked="" type="radio"/> E <input checked="" type="radio"/> W	Road Type: AVE	Suffix:
Distance: 75	Prefix: EB	Intersecting Road: MANCHESTER	Divided Roadway: <input checked="" type="radio"/> N <input checked="" type="radio"/> S <input checked="" type="radio"/> W	Road Type: PKWY

Unit Number: 1	State: MI	Driver License Number: 0520599744356	Date of Birth: 05/00/1971	License Type: <input type="radio"/> O <input type="radio"/> CY <input checked="" type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup: 04	Hazard Action: 12
----------------	-----------	--------------------------------------	---------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------	-----------------	-------------------

Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Name: MELVINA ROSALIND OWENS	Street Address: 6411 MACKENZIE	City: DETROIT	State: MI	Zip: 48204	Phone Number: (313) 675-3101	Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position: 01	Restraint: 04	Hospital: NOT/APPLY	Ambulance: NOT/APPLY
Driver Condition: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused: <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Results: <input type="radio"/> Fied <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Drugs: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Blood <input type="radio"/> Urine	Test Results:	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation issued: <input type="radio"/> Yes <input checked="" type="radio"/> No	Hazardous: <input type="radio"/> Yes <input checked="" type="radio"/> No	Other: N/A

Vehicle Registration: 08ZX565	State: MI	Insurance: FLEET INS CERT#695	Towed To/By: NOT NEEDED	VIN: 4RKMNTGA9YR835159	Vehicle Description: 82VN	Color: WHT/GRN	Year: 2000
-------------------------------	-----------	-------------------------------	-------------------------	------------------------	---------------------------	----------------	------------

Location of Greatest Damage: 01	Extent of Damage: 1	Driveable: <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle type: <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input checked="" type="radio"/> OR <input type="radio"/> Other	Vehicle Direction: <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Defect: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
---------------------------------	---------------------	--------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

First Name: GRETCHEN	Middle: ROSE	Last: SMITH	Date of Birth: 12/00/1959	Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Position: 06	Restraint: 01	Hospital: REFUSED	Ambulance: #443 RAPID RESPONSE
Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Equipped: <input type="radio"/> Yes <input checked="" type="radio"/> No	State: MI	Zip: 48204	Phone Number: (313) 675-3101	Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No	

First Name: AYYUB	Middle: MOHAMMED	Last: CARR	Date of Birth: 04/00/1963	Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Position: 04	Restraint: 01	Hospital: REFUSED	Ambulance: #443 RAPID RESPONSE
Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Equipped: <input type="radio"/> Yes <input checked="" type="radio"/> No	State: MI	Zip: 48204	Phone Number: (313) 675-3101	Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No	

Owner: <input checked="" type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name: CITY OF DETROIT	Phone Number: _____	Age: *	Pos: *	Rest: *	Address: _____
Owner: <input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name: _____	Phone Number: _____	Age: _____	Pos: _____	Rest: _____	Address: _____

Person Advised of Damaged Traffic Control: _____	Date: JULY 01, 2011	Time: 4:30 pm	Damaged Property: _____	Owner & Phone: _____	Public: <input checked="" type="radio"/> Y <input type="radio"/> N
--------------------------------------------------	---------------------	---------------	-------------------------	----------------------	--------------------------------------------------------------------

UD-10 SERIAL NUMBER: 9673931	Serial Override Number: _____	Do Not Write or Mark In This Area
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Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

EXHIBIT M

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: M-8247100 Department Name HIGHLAND PARK POLICE

Crash Date Month <u>11</u> Day <u>01</u> Year <u>2015</u>	Crash Time Hour <u>06</u> Minute <u>00</u>	No. of Units <u>1</u>	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Local On <input type="radio"/> Weather (Mark Only One) <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Deer <input type="radio"/> Hit and Run <input type="radio"/> State <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> QRV/Snowmobile
County <u>Wayne</u>	Traffic Control <input type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Construction Zone (if applicable) (Mark One From Each Group) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed <input type="radio"/> Yes <input type="radio"/> No Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None	Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Snowy <input type="radio"/> Debris <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Other/Unknown <input type="radio"/> Icy <input type="radio"/> Slushy	Speed Limit <u>30</u> Posted <input type="radio"/> Yes <input type="radio"/> No

Prefix <u>1</u>	Road Name <u>1</u>	Divided Roadway <input checked="" type="radio"/> N <input checked="" type="radio"/> S <input checked="" type="radio"/> E <input checked="" type="radio"/> W	Road Type <u>1</u>	Suffix <u>1</u>
Distance <u>1</u>	<input type="radio"/> FT <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Beginning of Ramp <input type="radio"/> MI <input type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp	Trafficway <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Access Control <u>1</u> <u>2</u> <u>3</u>	

Prefix <u>1</u>	Intersecting Road <u>1</u>	Divided Roadway <input checked="" type="radio"/> N <input checked="" type="radio"/> S <input checked="" type="radio"/> E <input checked="" type="radio"/> W	Road Type <u>1</u>	Suffix <u>1</u>
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Unit Number <u>1</u>	State <u>1</u>	Driver License Number <u>1</u>	Date of Birth <u>MMDDYYYY</u>	License Type <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input type="radio"/> F	Total Occup <u>1</u>	Hazard Action
Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Name <u>1</u>	Street Address <u>1</u>	City <u>1</u>	State <u>1</u>	Zip <u>1</u>	Phone Number <u>1</u>	
Driver Condition <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered	Interlock <input type="radio"/> Yes <input type="radio"/> No	Alcohol <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <input type="radio"/> Ejected <input type="radio"/> Yes <input type="radio"/> Trapped <input type="radio"/> Yes	Hospital <input type="radio"/> Yes <input type="radio"/> Not Equipped
Drugs <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Vehicle Registration <u>1</u>	State <u>1</u>	Insurance	Towed To/By <u>1</u>	
VIN <u>1</u>	Vehicle Description	Make <u>1</u>	Model <u>1</u>	Color <u>1</u>	Year <u>1</u>		

Location of Greatest Damage <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u>	Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
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First Name <u>MICHELLE</u>	Date of Birth <u>MMDDYYYY</u>	Sex <input type="radio"/> M <input type="radio"/> F	Position <u>1</u>	Restraint <u>1</u>	Hospital <u>1</u>
Middle <u>1</u>	Street Address <u>2124 SCHOOLCRAFT</u>	City <u>DETROIT</u>	State <u>MI</u>	Zip <u>48223</u>	Phone Number <u>313 358-4041</u>
Last <u>LANGFORD</u>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No

First Name <u>1</u>	Date of Birth <u>MMDDYYYY</u>	Sex <input type="radio"/> M <input type="radio"/> F	Position <u>1</u>	Restraint <u>1</u>	Hospital <u>1</u>
Middle <u>1</u>	Street Address <u>1</u>	City <u>1</u>	State <u>1</u>	Zip <u>1</u>	Phone Number <u>1</u>
Last <u>1</u>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No

Owner <input type="radio"/> Name <u>1</u>	Name <u>1</u>	Address <u>1</u>
Uninjured Passenger <input type="radio"/> Name <u>1</u>	Phone Number <u>1</u>	Age <u>1</u> Pos <u>1</u> Rest <u>1</u>
Witness <input type="radio"/> Name <u>1</u>	Phone Number <u>1</u>	Age <u>1</u> Pos <u>1</u> Rest <u>1</u>
Uninjured Passenger <input type="radio"/> Name <u>1</u>	Phone Number <u>1</u>	Age <u>1</u> Pos <u>1</u> Rest <u>1</u>
Witness <input type="radio"/> Name <u>1</u>	Phone Number <u>1</u>	Age <u>1</u> Pos <u>1</u> Rest <u>1</u>

Person Advised of Damaged Traffic Control	Date <u>1</u>	Damaged Property <u>1</u>	Public <input type="radio"/> Y <input type="radio"/> N
Owner & Phone	Name <u>1</u>	Address <u>1</u>	

UD-10 SERIAL NUMBER <u>9673932</u>	Serial Override Number <u>9673931</u>	Do Not Write or Mark In This Area
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Exhibit N



BACK

Unit Number <b>Z</b>	State <b>MI</b>	Driver License Number <b>H400488734022</b>	Date of Birth <b>07/19/88</b>	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup <b>01</b>	Hazard Action <b>13</b>
<b>NCS</b>				Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Airbag Deployed <input type="radio"/> Citation issued <input type="radio"/> Hazardous <input type="radio"/> Other			
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)				Name <b>LAVERNE RENEE HILL</b> Street Address <b>23540 CONDON ST</b> City <b>OAK PK</b> State <b>MI</b> Zip <b>48237</b> (312) Phone Number			
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99 Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered (Submit Results To FARS When Available) Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results				Hospital <b>REFUSED</b> Ambulance <b>NOT NEEDED</b> Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No Citation issued <input type="radio"/> Yes <input type="radio"/> No Hazardous <input type="radio"/> Yes <input type="radio"/> No Other <input type="radio"/> Yes <input type="radio"/> No			
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results				Insurance <b>BRISTOL WEST INS. CO</b> Towed To/By <b>NOT NEEDED</b>			
Vehicle Registration <b>BW B3450</b> State <b>MI</b>				VIN <b>1GNEK13TOYJ208839</b> Vehicle Description <b>CHEVROLET TAHOE</b> Color <b>BLUE</b> Year <b>02</b>			
Location of Greatest Damage <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 First Impact <b>05</b> Extent of Damage <b>1</b> Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No				Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)			
Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West				Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6			
First Name Middle Last				Date of Birth Sex <input type="radio"/> M <input type="radio"/> F Position Restraint Hospital Ambulance Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No			
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped				State Zip Phone Number			
First Name Middle Last				Date of Birth Sex <input type="radio"/> M <input type="radio"/> F Position Restraint Hospital Ambulance Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No			
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped				State Zip Phone Number			
Owner <input type="radio"/> Witness <input type="radio"/> Name <b>LAVERNE RENEE HILL</b> Address <b>23540 CONDON ST</b> Phone Number <b>43</b> Age <b>1</b> Pos. <b>4</b> Rest. <b>4</b>				Owner <input type="radio"/> Witness <input type="radio"/> Name Address Phone Number Age Pos. Rest.			

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<b>Unit Reported on Front</b> Action Prior Sequence of Events First Second Third Fourth <b>01 17</b> Most Harmful <input checked="" type="radio"/> (M) (M) (M)		<b>Unit Reported Above</b> Action Prior Sequence of Events First Second Third Fourth <b>01 07</b> Most Harmful <input checked="" type="radio"/> (M) (M) (M)	
Unit Number Carrier Name		Address	
City		State	
Zip		GVWR/GOWR	
ICMC		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	
USDOT		CDL Restrictions <input type="radio"/> Interstate <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> Intra (MI Only) <input type="radio"/> Other	
MPSC		Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS	
Type & Axes Per Unit		Medical Card <input type="radio"/> Y <input type="radio"/> N	
Cargo Body Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
ID #		Class #	
UD-10 SERIAL NUMBER <b>9673931</b>		Investigated at Scene Reported Date/Time <b>JULY 01, 2011 4:33pm</b> Investigator Name(s) & Badge # (Print Only) <b>CRAIG D. CLAYTON #7</b>	

North NOTE: VEHICLE #2 WAS TRAVEL- (NG N/B ON US-1 WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE #1	Crash Diagram and Remarks 
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Exhibit 0 (letter)

BACK

Unit Number		State		Driver License Number		Date of Birth		License Type		Sex		Total Occup		Hazard Action															
						MMDDYYYY		<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> M <input type="radio"/> C <input type="radio"/> F <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R		<input type="radio"/> M <input type="radio"/> F																			
<b>NCS</b>																													
Unit Type		Name																											
<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		Street Address																											
Driver Condition		City		State		Zip		Phone Number																					
Interlock		Yes		No		Refused		Not offered		Submit Results To FARS When Available																			
Alcohol		Yes		No		Test Type		Field		PBT		Breath		Blood		Urine		Test Results											
Drugs		Yes		No		Test Type		Blood		Urine		Test Results																	
Vehicle Registration				State		Insurance				Towed To/By																			
VIN						Vehicle Description				Make		Model		Color		Year													
Location of Greatest Damage				First Impact		Extent of Damage		Driveable		Yes		No		Vehicle Type		Vehicle Direction		Special Vehicles		Private Trailer Type									
<input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)				<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11																	
First Name				Date of Birth				Sex		Position		Restraint		Hospital															
Middle				Street Address				<input type="radio"/> M <input type="radio"/> F						Ambulance															
Last				City				State		Zip		Phone Number		Ejected		Trapped													
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O				Airbag Deployed				Yes		No		Not Equipped		Yes		Yes													
First Name				Date of Birth				Sex		Position		Restraint		Hospital															
Middle				Street Address				<input type="radio"/> M <input type="radio"/> F						Ambulance															
Last				City				State		Zip		Phone Number		Ejected		Trapped													
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O				Airbag Deployed				Yes		No		Not Equipped		Yes		Yes													
Owner				Witness				Name				Address				Phone Number				Age		Pos.		Rest.					
Uninjured Passenger				Owner				Witness				Name				Address				Phone Number				Age		Pos.		Rest.	
Uninjured Passenger				Uninjured Passenger				Name				Address				Phone Number				Age		Pos.		Rest.					

<b>Unit Reported on Front</b>										<b>Unit Reported Above</b>									
Action		Sequence of Events								Action		Sequence of Events							
Prior		First		Second		Third		Fourth		Prior		First		Second		Third		Fourth	
Most Harmful		(M)		(M)		(M)		(M)		Most Harmful		(M)		(M)		(M)		(M)	

Unit Number		Carrier Name	
Address			
City		State	
Zip		GVWR/GCWR	
ICCMC		Driver's CDL Type	
		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	
USDOT		CDL Restrictions	
		<input type="radio"/> Interstate <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> Intra (MI Only)	
MPSC		CDL Exempt	
		<input type="radio"/> Farm <input type="radio"/> Other	
Type & Axes Per Unit		Vehicle Type	
First Second Third Fourth		<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS	
Cargo Body Type		Medical Card	
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		<input type="radio"/> Y <input type="radio"/> N	
ID #		Hazardous Material	
		<input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Class #			

UD-10 SERIAL NUMBER		Investigated at Scene		Reported Date/Time		Photos By	
9673932				JULY 01, 2011 4:33 PM			
		Investigator Name(s) & Badge # (Print Only)		CRAIG D. CLAYTON #7			

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Exhibit P

Shawn C. Cabot  
Amy J. DeRouin  
Ryan A. Ford  
Susan J. Fronath  
Daniel A. Groves  
Timothy M. Hartner  
Thomas F. Norton  
Clay B. Perkins  
Christopher J. Trainor

Of Counsel  
Shawn J. Coppins  
Vincent M. Farough

To: Also Christopher 4/6/2013  
Trainer

CHRISTOPHER TRAINOR  
& ASSOCIATES



9750 Highland Road  
White Lake, Michigan 48386

Tel (248) 886-8650  
Toll Free (800) 961-8477  
Fax (248) 698-3321  
MichiganLegalCenter.com

November 18, 2011

Gretchen Smith  
2640 Trumbull  
Detroit, Michigan 48216

Dear Ms. Smith:

Enclosed please find a copy of the application for benefits that was submitted to the City of Detroit on your behalf. Also, please find the Attendant Care and Replacement Service Affidavits that you recently sent to our office, for October 1, 2011 through October 31, 2011. Please note that the Affidavits have not been submitted to the insurance company as they were just received in our office.

At this time any and all pending claims you had with our office have now been closed.

Please keep in mind that according to laws of Statute of Limitations, you must commence a lawsuit for your claims within a certain period of time. A claim for No-Fault benefits must be filed within one (1) year from the date of the accident, which in your case this would be **July 1, 2012**. Once the claim is established, any and all expenses incurred (i.e. wage loss, replacement services, attendant care, prescription costs, medical mileage, medical bills, etc.) must be submitted and paid by the insurance carrier within one (1) year of the date each expense was incurred. If they are not paid timely, you must file your lawsuit within that same one (1) year in order to protect your right to outstanding benefits. Further if you wish to continue pursuing your Bodily Injury claim against the owner and/or driver who was at fault, you must file a lawsuit within three (3) years from the date of the accident which in your case would be, **July 1, 2014**.

If you choose not to pursue either or both of these claims within the time frame allotted by the State of Michigan, you will be barred from receipt of any potential benefits owed. If you wish to pursue your claim, you should contact another attorney immediately and check these time limitations as they relate specifically to your case with that attorney.

Thank you for your attention to this matter.

Sincerely,

CHRISTOPHER TRAINOR & ASSOCIATES

Timothy M. Hartner, Esq.

MH/rjr  
Enclosures (12 Pages)

10/29



# Medicare Summary Notice

November 30, 2011

8DD75 00000041

GRETCHEN R SMITH  
APT 913  
3901 GRAND RIVER AVE  
DETROIT MI 48208-2854



**BE INFORMED:** Protect your Medicare number as you would a credit card number.

## CUSTOMER SERVICE INFORMATION

**Your Medicare Number: XXX-XX-7032A**

If you have questions,  
Call: 1-800-MEDICARE  
(1-800-633-4227)  
(#08202)

**Ask For Doctor's Services**

TTY for hearing impaired: 1-877-486-2048

This is a summary of claims processed on 09/14/2011.

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-11243-435-740						
Dr L Reynolds Assoc PC, Suite 100, 24500 Northwestern Hwy , Southfield, MI 48075-2402						
Referred by: Gorrepati, Uma D Dr. AL Hihi, Maysoon M.D.						
08/09/11	1.0 X-ray exam of lower spine (72110-26) professional charge	\$53.00	\$17.26	\$13.81	\$3.45	a

## Notes Section:

a As requested, this is a duplicate copy of your Medicare Summary Notice.



# Medicare Summary Notice

November 30, 2011

8DD75 00000042

GRETCHEN R SMITH  
APT 913  
3901 GRAND RIVER AVE  
DETROIT MI 48208-2854



**BE INFORMED:** Protect your Medicare number  
as you would a credit card number.

## CUSTOMER SERVICE INFORMATION

**Your Medicare Number: XXX-XX-7032A**

If you have questions,  
Call: 1-800-MEDICARE  
(1-800-633-4227)  
(#08202)

**Ask For Doctor's Services**

TTY for hearing impaired: 1-877-486-2048

This is a summary of claims processed on 09/14/2011.

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-11243-435-750						
Dr L Reynolds Assoc PC, Suite 100, 24500 Northwestern Hwy , Southfield, MI 48075-2402						
Referred by: Gorrepati, Uma D Dr. AL Hihi, Maysoon M.D.						
08/09/11	1.0 X-ray exam of neck spine (72050-26) professional charge	\$58.00	\$17.26	\$13.81	\$3.45	a

## Notes Section:

a As requested, this is a duplicate copy of your Medicare Summary Notice.

Take on A/H  
Friday 1/24